



## INDIVIDUAL RESPONSIBILITY PLAN (IRP)

WorkFirst Individual Responsibility Plan for

JAS ID

CASE NUMBER

CLIENT ID

I understand:

- I must cooperate with the Division of Child Support while I receive TANF/SFA benefits unless I have a good reason not to cooperate. Successful collection of child support may help me eliminate my need for cash assistance.
- I can get only 60 months of TANF/SFA cash benefits in my lifetime unless I qualify for an extension.
- I have used \_\_\_\_\_ months of cash benefits.
- I am required to work, look for work, or prepare for work full time for at least 32 hours a week.
- If I cannot attend a scheduled activity, I will call the person at the number listed below.
- I must do the following activities for the amount of time each week specified below:

### HW – High Wage/High Demand

From \_\_\_\_\_ to \_\_\_\_\_, I agree to participate \_\_\_\_\_ hours per week in the High Wage High Demand program at the provider listed below.

My case manager and I will review this IRP again before \_\_\_\_\_.

Provider/School: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I agree to attend all scheduled meetings and classes, complete all required assignments, and participate to the best of my ability during the dates indicated.

I have adequate child care and transportation has been addressed.

If I cannot attend class, I will call the contact person at the number listed above on or before the same day and explain why I cannot come in. I understand that if I do not call in on the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction.

I understand that my continued enrollment in this training will be based upon my giving my case manager verification of satisfactory participation and progress at the end of every quarter.

If there is a good reason I cannot follow my plan, I must contact and work with my WorkFirst Program Specialist/Social Worker as soon as possible. Some examples of good reasons include:

- I missed an appointment due to illness or unexpected failure in my child care or transportation;
- I have an emergency condition (physical, mental, or emotional);
- I am a victim of family violence;
- I cannot find affordable, appropriate child care in my area for children under 13;
- I have an immediate legal problem;
- I have a disability or certain conditions and this has kept me from being able to fulfill the program requirements; or
- I am an adult with a severe and chronic disability;
- I am needed at home to care for a child with special needs or another adult with disabilities;
- I am 55 or older and caring for a child and I am not the child's parent; or
- I am applying for SSI with a DSHS facilitator.

If I disagree with this plan, I have the right to request a case review and/or a hearing. To request a hearing, I must contact my Community Services Office or the Office of Administrative Hearings, DSHS, PO Box 42488, Olympia WA 98504-2488, within 90 days of the date of my case manager's signature below. I have been given of copy of my Individual Responsibility Plan.

CASE MANAGER'S SIGNATURE

DATE

MY SIGNATURE

DATE

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<b>CONFIDENTIAL REQUIREMENTS</b>															
<p>I may be able to get support services to help me advance at my job, keep my job, accept a job, look for a job, or follow my plan. If I disagree with a decision about support services, I may ask for a case review and/or a hearing. I will ask my WorkFirst Program Specialist/Social Worker if I need support services like:</p> <table border="0"> <tr> <td>• Car repair</td> <td>• Diapers</td> <td>• License/fees</td> <td>• Mileage</td> </tr> <tr> <td>• Clothing</td> <td>• Education expenses</td> <td>• Hair cut</td> <td>• Tools for work</td> </tr> <tr> <td>• Counseling</td> <td>• Personal hygiene</td> <td>• Bus passes</td> <td>• Family planning</td> </tr> </table> <p>I understand that I must do required activities. If I don't, I will get a penalty unless I can prove I had a good reason. This is called being in WorkFirst sanction status. If I am sanctioned, this means:</p> <ul style="list-style-type: none"> <li>• My grant will be reduced by 40% or one person's share, whichever is greater.</li> <li>• I must follow my IRP for four weeks in a row to get out of sanction.</li> <li>• Once I do what is required for four weeks in a row, my sanction penalty will be lifted starting the first of the month following my four weeks of participation.</li> <li>• A sanction review panel will review, and may close, my case if I stay in sanction for six months in a row.             <ul style="list-style-type: none"> <li>• If my case is closed by a sanction review panel, I will need to reapply and participate for four weeks in a row before I can receive cash.</li> <li>• If my case is sanctioned again, a sanction review board will review, and may close, my case if I stay in sanction for three months in a row.</li> </ul> </li> </ul> <p>While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP.</p> <p>I understand that, if I refuse to cooperate with the Division of Child Support (DCS) without a good reason, my grant may be reduced. Good reasons include the threat of harm to my children or me. I understand that while I am getting TANF assistance, any child support collected is kept to pay back the state.</p> <p>When I stop getting TANF/SFA, DCS will collect child support and send it to me unless I ask them to stop. I understand support services, sanctions, and child support.</p>				• Car repair	• Diapers	• License/fees	• Mileage	• Clothing	• Education expenses	• Hair cut	• Tools for work	• Counseling	• Personal hygiene	• Bus passes	• Family planning
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